or persons who engage in what may be illegal behaviors, tabulations should not be made when the number of persons in a reported category (e.g., by geographic area, age, race/ethnicity) is so small that an individual could be identified. As a result, the desire for community planning groups to have highly detailed data must be balanced by the overriding need to maintain confidentiality.

In addition to the surveillance systems described here, there are a number of national surveys that provide data on HIV-related knowledge, attitudes, and behaviors and inpatient and outpatient morbidity. However, because these systems cannot be used to provide state- or county-level data, they will be less useful to community planners.

4.2.1 HIV/AIDS Data Available to All (Or Nearly All) Areas

4.2.1.1 AIDS Surveillance. AIDS is a reportable condition in all states and territories; all states and areas conduct AIDS surveillance using the 1993 CDC surveillance definition.

Stated Objectives and Overview: The AIDS surveillance system 1) monitors the incidence and demographic profile of AIDS; 2) describes the modes of HIV transmission among persons with AIDS; 3) guides the development and implementation of public health intervention and prevention programs; 4) assists in evaluating the efficacy of public health interventions.

Supported in part with funds from CDC, state and local health departments conduct active surveillance for cases of AIDS meeting the CDC surveillance definition. State and local health departments solicit disease reports from health-care providers, laboratories, or other sources, by routinely contacting individual providers and institutions representing likely sources of disease reports. Standardized case report forms and software known as the HIV/AIDS Reporting System (HARS) are used to produce local tabulations and to report AIDS cases (without names) monthly to CDC. Health departments conduct follow-up investigations on persons reported with AIDS who do not report a mode of exposure to HIV. In addition, selected states are collaborating with CDC on special projects to evaluate and improve the accuracy of reported information on modes of HIV exposure, to characterize persons infected with both HIV and tuberculosis, and to evaluate the impact of the 1993 AIDS surveillance definition on reporting of AIDS-defining opportunistic infections.

Target Population: All persons meeting the 1993 CDC AIDS surveillance case definition.

Funded sites: All state health departments, the U.S. territories, and 6 local health departments (New York City, Philadelphia, Chicago, Houston, San Francisco, Los Angeles).

Strengths: The AIDS surveillance system is the principal source of knowledge regarding trends in the number and characteristics of HIV-infected persons. This is the only surveillance system available to planning groups that has a community or state-wide perspective, that includes persons in all age, gender, race/ethnic, and mode-of-HIV-exposure groups, and that provides a historical perspective in trends dating to the earliest recognition of the AIDS epidemic. While AIDS cases reflect HIV infections that occurred in earlier years, monitoring trends in AIDS cases has been instrumental in drawing attention to emerging patterns in the HIV epidemic. Completeness of reporting of AIDS cases (determined using the 1987 surveillance definition) is estimated to be 80%-90%. In 1993, the AIDS surveillance definition was expanded to more accurately reflect the full spectrum of HIV-related immunosuppression and morbidity. Health departments have a well-established record of protecting the confidentiality of AIDS case reports from unauthorized or inappropriate disclosure or use.

AIDS surveillance data provide the basis for mathematical models that are used to estimate HIV incidence and prevalence and to predict short-term future AIDS incidence. These mathematical models employ a technique called "back calculation," which estimates the number and trends in HIV infections that must have occurred in order to yield observed AIDS cases. This technique has been used nationally and in a limited number of large areas, e.g. San Francisco, Los Angeles, and Washington DC. Past predictions using this method have generally been consistent with subsequently observed AIDS trends.